



Current Date: / /

Patient Information						Page 1
(Patient Demographic Tab)						
Last Name		First Name	MI	Nickname	Sex	Salutation
Suffix	Birth Date / /	Provider <input type="checkbox"/> Binh Q. Nguyen, M.D. <input type="checkbox"/> Suzanne Y. Lee, M.D. <input type="checkbox"/> Stephan G. Kossis, O.D. <input type="checkbox"/> Kayla E. Akers, O.D.				
Address						
Type: <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Business						
Street		City	State	Zip	Country	
Communication						
Preference: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone – Cell <input type="checkbox"/> Phone – Home <input type="checkbox"/> Phone – Work <input type="checkbox"/> Text <input type="checkbox"/> U.S. Mail						
Home () -	Work / Extension () -	Cell () -	Carrier	Email <input type="checkbox"/> I do not have an e-mail account		
Information						
SSN		Marital Status	Primary Language	Special Needs		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Answer						
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> White <input type="checkbox"/> Decline to Answer						
Occupation			Employer			
Account Responsible (Complete only if other than patient)						
(Acct Responsible Tab)						
Last Name		First Name	MI	Salutation	Birth Date / /	Suffix
Patient Relationship			SSN			
Address						
Street		City	State	Zip		
Communication						
Home () -	Work # / Extension () -	Email			<input type="checkbox"/> I do not have an e-mail account.	
Emergency Contact						
(Contacts Tab)						
Salutation	Last Name	First Name	MI	Relationship		